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## SECTION 6

# INQUIRIES AND REFERRALS

### Learning Objectives

1. State the proper procedure for handling an inquiry about the CAP/C program.
2. Correctly complete a CAP/C referral form.
3. List factors considered by DMA when making a decision regarding a referral.
4. Describe DMA's and your agency's policies regarding wait lists.

NC DMA 10/2009

# INQUIRIES

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- Anyone can inquire about/make a referral to the CAP/C program: parent, discharge planner, physician, school, neighbor...
- It is the responsibility of the case manager to respond to inquiries and collect referral information.
- Not all inquiries are appropriate CAP/C referrals.

NC DMA 10/2009

As the CAP/C Case Manager, all referrals should ideally go through you. You are the most appropriate person to assess the family's needs and expectations in relation to the CAP/C program, and this allows you to begin to develop a relationship with the potential recipient. Establish and maintain contacts with public and private agencies, interest groups, and service organizations that work with children with special needs. Inform them of referral procedures.

If a referral comes to you from someone other than the parent/caregiver, please make sure that the parents are aware of the referral before you submit it to DMA. It is a violation of their privacy to make a referral that is not known to them, and often times when the parent has been made aware of the referral, they did not even want the service.

## INQUIRIES, CONT'D.

When someone inquires about CAP/C services:

- Determine the needs of the child and family
- Determine the inquirer's expectations of what CAP/C will or will not do
- Determine if CAP/C is an appropriate program for that child, and what other programs may be appropriate instead of or in addition to CAP/C
- Inform and advise the inquirer regarding CAP/C and any other appropriate course of action

NC DMA 10/2009

It is important to determine what exactly the family is requesting. Many parents have little information or a lot of misinformation about CAP/C. They may be expecting CAP/C in North Carolina to give them the same services that they received in another state. They may not realize that there is more than one "CAP" program, and may be requesting something from CAP/C that is only available for instance, under CAP-MR/DD. They may have networked with other parents, and are expecting something from CAP/C that they would not be eligible to receive because of their particular child's or family's situation. This information needs to be provided and/or corrected so that the family can make an informed decision about whether CAP/C will meet their child's/family's needs.

Information about other programs and resources for children is available in section 6 of this training.

## INQUIRIES, CONT'D.

- If the inquirer wants to proceed with the CAP/C referral, *regardless of whether or not you agree with that decision*, complete the referral form and submit it to DMA.

NC DMA 10/2009

It is the Case Manager's role to inform and advise, but not to decide. If you feel that a child is inappropriate for CAP/C, you may inform the referral source that in your opinion, the referral will probably be denied, the reasons why it will probably be denied, and any other options they have. You can not, however, decide not to submit the referral; only the referral source may decide that. If despite your guidance, they still want the referral submitted, you must do so. Denials must be issued by DMA so that the potential recipient/responsible party can receive their due process rights.

## COMPLETING THE REFERRAL FORM – INSTRUCTIONS

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- The referral form is on the web at <http://www.ncdhhs.gov/dma/forms.html#prov>.
- Please ensure that the referral form is **COMPLETE** and **LEGIBLE** prior to submitting it to DMA.

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Oftentimes it is difficult to make a decision about a referral based on the information that is requested. If the form contains blanks or is unreadable, it is nearly impossible.

Please feel free to write in or attach any additional information you have that you think might be helpful in making a decision. You are not limited to the information requested on the form – the information on the form is the minimum required; there is no maximum.

Please understand that even if you have completed the referral form as requested, we may contact you with additional questions. This is a normal and routine occurrence.

## COMPLETING THE REFERRAL FORM - INSTRUCTIONS

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**DIVISION OF MEDICAL ASSISTANCE  
COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN (CAP/C)  
REFERRAL FORM**

*Please submit this form via fax to 919 715-9025. Please call 919 855 4380 if you have any questions.*

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DMA holds referral meetings during which the referrals that came in the previous week are reviewed. The review team generally consists of the Lead CAP/C Nurse Consultant, and at least two other CAP/C Nurse Consultants who rotate on a monthly basis. Meetings are usually held on Tuesday afternoons. The day and time of the meeting and the composition of the review team may vary from the above due to staffing or scheduling issues.

Please note that DMA has 15 business days from receipt of the referral to respond. Please advise the caregivers that they will receive a response within 15 business days; do not tell them that they will receive a response within the week.

## COMPLETING THE REFERRAL FORM - RECIPIENT DEMOGRAPHIC INFORMATION

Date

RECIPIENT DEMOGRAPHIC INFORMATION	
Name <input type="text"/>	Phone <input type="text"/>
Address <input type="text"/>	County <input type="text"/>
City <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
State <input type="text"/>	Birth Date <input type="text"/>
ZIP <input type="text"/>	Age <input type="text"/> years, <input type="text"/> months

NC DMA 10/2009

This section refers to the child. Please indicate the county by name, not number.

## COMPLETING THE REFERRAL FORM - DIAGNOSES

MEDICAL INFORMATION		
<b>DIAGNOSES</b>		
1. <input type="text"/>	4. <input type="text"/>	7. <input type="text"/>
2. <input type="text"/>	5. <input type="text"/>	8. <input type="text"/>
3. <input type="text"/>	6. <input type="text"/>	9. <input type="text"/>

NC DMA 10/2009

Please list all of the child's diagnoses, by name, not number.

CAP/C is looking for a primary diagnosis that is medical in nature, not cognitive, developmental, psychosocial, or behavioral. Many children will have both types of diagnoses, but the care that is received in the home must be related to the medical diagnosis(es). If the care needs are due to a cognitive, developmental, psychosocial, or behavioral diagnosis, then a referral to the CAP-MR/DD program or another mental health service may be more appropriate.

## COMPLETING THE REFERRAL FORM – CARDIO-RESPIRATORY NEEDS

CARDIO-RESPIRATORY NEEDS			
ventilator	hours per day <input style="width: 20px;" type="text"/>	apnea monitor	<input type="checkbox"/>
trach	<input type="checkbox"/>	cardiac monitor	<input type="checkbox"/>
CPAP	hours per day <input style="width: 20px;" type="text"/>	nebulizer	<input type="checkbox"/>
BiPAP	hours per day <input style="width: 20px;" type="text"/>	cough assist device	<input type="checkbox"/>
pulse oximeter	<input type="checkbox"/> continuous <input type="checkbox"/> continuous during sleep <input type="checkbox"/> spot checks <input type="checkbox"/> PRN, when <input style="width: 20px;" type="text"/>	chest PT	<input type="checkbox"/> manual <input type="checkbox"/> vest frequency <input style="width: 20px;" type="text"/>
oxygen	<input type="checkbox"/> continuous, stable <input type="checkbox"/> continuous, requires rate adjustments <input style="width: 20px;" type="text"/> times per <input style="width: 20px;" type="text"/> <input type="checkbox"/> PRN for <input style="width: 20px;" type="text"/> ; actually used <input style="width: 20px;" type="text"/> times per <input style="width: 20px;" type="text"/>		
suctioning	<input type="checkbox"/> oro-pharyngeal; <input style="width: 20px;" type="text"/> times per <input style="width: 20px;" type="text"/> <input type="checkbox"/> naso-pharyngeal; <input style="width: 20px;" type="text"/> times per <input style="width: 20px;" type="text"/> <input type="checkbox"/> endotracheal; <input style="width: 20px;" type="text"/> times per <input style="width: 20px;" type="text"/> <input type="checkbox"/> tracheal; <input style="width: 20px;" type="text"/> times per <input style="width: 20px;" type="text"/>		

NC DMA 10/2009

Please check all that apply. If the child has no cardio-respiratory needs, then a) nothing will be checked, or b) you may write in “Not Applicable” or “No Needs”. Frequency is very important in this section. Frequency helps validate that the care is continuous in nature (nurse/nurse aide tasks occurring every two to four hours) as opposed to intermittent. Care must be continuous in order for CAP/C to be approved.

When indicating the frequency, please indicate the *actual* frequency, not the *ordered* frequency. For instance, the child may have an order for tracheal suctioning Q4H and PRN. But what you should indicate on the form is that the child typically gets suctioned about every 30 minutes.

## COMPLETING THE REFERRAL FORM - NUTRITION NEEDS

NUTRITION NEEDS	
Extensive assistance with oral feeding	_____ times per day
Tube feeding, continuous	_____ hours per day
Tube feeding, bolus	_____ times per day
TPN	_____ hours per day

NC DMA 10/2009

Please check all that apply. If the child has no nutrition needs, then a) nothing will be checked, or b) you may write in "Not Applicable" or "No Needs".

'Extensive Assist With Oral Feeding' refers to age-*in*appropriate assistance. An infant who must be bottle-fed, but takes the bottle well, is not considered to need extensive assistance. If, however, that infant requires cheek and chin support, aspiration precautions, and has poor endurance so that it takes him/her a prolonged period of time to take the bottle, that would be considered extensive assistance.

## COMPLETING THE REFERRAL FORM - COMMUNICATION NEEDS

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### COMMUNICATION NEEDS

- speech    sign language  
 communication device  
 gestures    behaviors    sounds

NC DMA 10/2009

Please check the child's method of communication, even if it is age-appropriate.

## COMPLETING THE REFERRAL FORM - NEUROMUSCULAR NEEDS

NEUROMUSCULAR NEEDS	
seizures	<input type="text"/> times per <input type="text"/> Describe what happens <input type="text"/> Check what is done <input type="checkbox"/> safety/monitoring <input type="checkbox"/> vagal nerve stimulator <input type="checkbox"/> Diastat or other PRN medication or oxygen, used <input type="text"/> times per <input type="text"/>
ambulation	<input type="checkbox"/> ambulatory with personal assist <input type="checkbox"/> ambulatory with device assist <input type="checkbox"/> non-ambulatory but mobile (rolls, crawls) <input type="checkbox"/> non-ambulatory, non-mobile

NC DMA 10/2009

Please check all that apply. If the child has no neuromuscular needs, then a) nothing will be checked, or b) you may write in “Not Applicable” or “No Needs”.

Just as in the cardio-respiratory section, frequency is important with seizure activity; particularly the frequency of PRN interventions.

## COMPLETING THE REFERRAL FORM - REFERRAL SOURCE INFORMATION

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Referral submitted by Name  Title  Agency/Relationship  Phone  Address   
Case Manger (if different from above) Name  Agency  Phone

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'Referred by' refers to the person who made the inquiry or referral – the parent, discharge planner, Early Intervention worker, etc. This information needs to be completed only if you wish that person to receive a copy of the referral decision letter.

The 'Case Manager' information refers to the Case Manager who actually completed and submitted the form, if applicable..

## COMPLETING THE REFERRAL FORM – PERSONAL CARE NEEDS

<b>PERSONAL CARE NEEDS</b> <b>(bathing, dressing, grooming)</b>
<input type="checkbox"/> completely dependent
<input type="checkbox"/> requires some hands on assist
<input type="checkbox"/> requires set-up
<input type="checkbox"/> requires cueing or supervision
Above personal care needs are due to
<input type="checkbox"/> physical limitations <input type="checkbox"/> cognitive limitations

NC DMA 10/2009

Take normal childhood development into account when completing sections on ADLs. Refer to section 17 of this training for information regarding normal pediatric development.

For children at the lower levels of care, such as ICF, this section is important. ADLs are often the only need that qualifies these children for the CAP/C program. Please fully describe the child's abilities and needs for bathing, dressing, and grooming.

## COMPLETING THE REFERRAL FORM - ELIMINATION NEEDS

ELIMINATION NEEDS	
<input type="checkbox"/>	age 3 or above and incontinent both day and night
<input type="checkbox"/>	age 3 or above and incontinent <input type="text"/>
<input type="checkbox"/>	diapers
<input type="checkbox"/>	indwelling catheter
<input type="checkbox"/>	intermittent catheterization, every <input type="text"/> hours
<input type="checkbox"/>	vesicostomy
<input type="checkbox"/>	colostomy
<input type="checkbox"/>	other, <input type="text"/>

NC DMA 10/2009

Please check all that apply. If the child is not totally incontinent, please specify when the incontinence occurs.

## COMPLETING THE REFERRAL FORM – CAREGIVER INFORMATION

CAREGIVER INFORMATION	
<input type="checkbox"/> The caregiver/legal guardian is aware of and has consented to this referral.	
Name <input type="text"/>	Name <input type="text"/>
Relationship to Patient <input type="text"/>	Relationship to Patient <input type="text"/>
Work/School schedule <input type="text"/>	Work/School schedule <input type="text"/>
Legal Guardian, if different from above:	
Name <input type="text"/>	Title <input type="text"/> Address <input type="text"/> Phone <input type="text"/>
Other sources of informal support <input type="text"/>	
Does child attend <input type="checkbox"/> school <input type="checkbox"/> preschool <input type="checkbox"/> daycare?	

NC DMA 10/2009

Caregiver Availability is an essential component of this referral form. Please accurately indicate time away from the home due to employment or school. Caregiver availability is a consideration in determining whether all of the following criteria are met:

CAP/C can be approved only to supplement, not replace.

CAP/C cannot be approved for the needs or convenience of the caregivers; only for the specific unmet needs of the child.

The care provided must be no more than what is medically necessary for the child's health, safety, and well-being.

CAP/C can only be approved if there is no other as effective but less costly option.

The legal guardian, if different from the caregivers, must be noted, as that person needs to be involved in the CAP/C process.

Examples of informal support include relatives, friends, neighbors – any unpaid personal support.

Examples of formal support include paid caregivers, school, and daycare.

## COMPLETING THE REFERRAL FORM - INSURANCE INFORMATION

INSURANCE INFORMATION			
Medicaid eligible	<input type="checkbox"/> Yes, number <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Private Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes, covers	<input type="checkbox"/> private duty nursing <input type="checkbox"/> nurse aide services

NC DMA 10/2009

Having insurance information helps DMA to determine what other formal resources may be available to the child, whether CAP/C is the least costly equally effective option, and whether CAP/C will likely be able to meet the child's needs within the budget limit.

## COMPLETING THE REFERRAL FORM – CURRENT SERVICES

CURRENT SERVICES		
Current Disposition of Child		
<input type="checkbox"/> Home	<input type="checkbox"/> Hospital or rehab facility, estimated date of discharge _____	<input type="checkbox"/> Other _____
Currently Receiving		
<input type="checkbox"/> PDN _____ hrs/day, _____ days/week	<input type="checkbox"/> Early Intervention/CSDA Services provides _____	<input type="checkbox"/> Community Support Services
<input type="checkbox"/> PCS or PCS Plus _____ hrs/day, _____ days/week	<input type="checkbox"/> Individual Education Plan provides _____	<input type="checkbox"/> Developmental Therapy Services
<input type="checkbox"/> Home Health Nurse visits _____ times per _____	<input type="checkbox"/> Individual Health Plan provides _____	<input type="checkbox"/> CAP-MR/DD
<input type="checkbox"/> Home Health Nurse Aide visits _____ times per _____	<input type="checkbox"/> S04 provides _____	<input type="checkbox"/> PT, _____ times per _____
		<input type="checkbox"/> OT, _____ times per _____
		<input type="checkbox"/> ST, _____ times per _____
		<input type="checkbox"/> No Current Services
		<input type="checkbox"/> Other: _____
Why are these services not meeting the patient's/family's needs? _____		
How will having CAP/C help? _____		
Has patient previously been referred to CAP/C? <input type="checkbox"/> No <input type="checkbox"/> Yes, date: _____ result: _____		

NC DMA 10/2009

See Section 6 of this training for descriptions of the services listed here.

An Individual Education Plan (IEP) is a school's plan of care for a child who has special learning needs. The needs may or may not be medically related. An Individual Health Plan (IHP) is a school's plan of care for children with medical needs that do not affect their learning (example: a child with diabetes who needs her blood sugar checked before lunch).

If the child is currently receiving some type of services, the reason for requesting change is very important. CAP/C exists to meet the specific unmet needs of the child, and to supplement rather than replace the formal and informal support already available to the child. What need is the current service not providing, that CAP/C can provide?

If the child has been referred in the past, DMA will retrieve the previous referral if available so that we can determine what our decision was at that time, and how the child's needs have or have not changed since that time.

## COMPLETING THE REFERRAL FORM – REQUESTED SEERVICES

REQUESTED SERVICES
In the recipient's/caregiver's own words, what kind of help does the patient need/what services are they requesting? _____
Has the patient been referred to any other services? <input type="checkbox"/> CAP-MR/DD <input type="checkbox"/> PDN <input type="checkbox"/> PCS or PCS Plus <input type="checkbox"/> Other _____
What was the outcome of that/those referrals? _____

NC DMA 10/2009

Indicate what the family's needs are, in their own words as much as possible. This answer gives us the best information regarding whether CAP/C can meet the family's needs, and what other resources instead of or in addition to CAP/C may meet their needs.

CAP-MR/DD, PDN, and PCS are the programs that CAP/C children are most often eligible for as well. If a child is appropriate for one of these programs, please indicate the status of that referral or indicate why the referral was not made.

## REFERRALS DMA REVIEW

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- Referrals are reviewed by a team of CAP/C staff members
- A decision will be made to
  1. approve the referral,
  2. deny the referral, or
  3. obtain more information prior to making a decision
- EPSDT will be considered in all decisions

NC DMA 10/2009

Obtaining more information regarding the referral is a very common occurrence, even when all of the information requested has been provided.

# REFERRALS

## DMA REVIEW, CONT'D.

Factors considered as DMA makes a decision regarding a referral include, but are not limited to:

- Is the primary diagnosis medical, as opposed to mental, developmental, behavioral, or cognitive?
- Is there a need (and request) for nurse/nurse aide services?
- Is the need for these services continuous?
- Is there a need (and request) for case management services?
- Is the child at risk of institutionalization?
- Are the child's nursing/nurse aide needs age-appropriate?
- What resources does the child currently have to meet his/her needs?
- What other potential resources, formal or informal, are available to meet the child's needs?

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•Is the primary diagnosis medical, as opposed to mental, developmental, behavioral, or cognitive?

For example, children with diagnoses of autism, mental retardation, developmental delay, and Down's syndrome, without any accompanying medical diagnosis, would not be appropriate for CAP/C.

•Is there a need (and request) for nurse/nurse aide services?

Nurse/Nurse Aide services are a required component of CAP/C participation. Services must be performed during the time that the CAP/C staff is there. CAP/C can not be approved, for instance, to cover a parent's 3<sup>rd</sup> shift work schedule if the child does not need nursing care during the night, even if that child could appropriately receive services during the day.

•Is the need for these services continuous?

Does the scheduled nursing task happen at intervals throughout the shift (e.g., tracheal suctioning, tube feeding)? CAP/C can not be approved only for intermittent or one-time tasks (e.g., wound care) that could be accomplished within a home health visit.

•Is there a need (and request) for case management services?

There must be a need for a case manager to assess, plan care, monitor, and coordinate services. The family must agree to this service and participate in it.

•Is the child at risk of institutionalization?

The client's actual nursing care must be of enough frequency and severity that the client could reasonably be expected to be admitted to a nursing home or hospital if home care was not available. There must be a lack of other resources such as informal caregivers or formal daycare services that would be able to meet the child's needs.

•Are the child's nursing/nurse aide needs age-appropriate?

As a general guideline, children under two years of age whose only nursing need is ADL's will not be approved, as ADL's at this age are a normal developmental need, not a medical need. Children older than two years of age will be assessed according to the age-appropriateness of the ADL care needed.

•What resources does the child currently have to meet his/her needs?

Existing formal and informal supports are considered. CAP/C can only be approved to supplement, not replace, these resources. Reasons for any change in existing services are considered. CAP/C is approved only to meet unmet medical needs of the child, not for the convenience of the caregivers. If existing resources can meet the child's needs, there is no reason for CAP/C to supplement these resources.

•What other potential resources, formal or informal, are available to meet the child's needs?

Other programs that could meet the child's needs are considered to ensure that CAP/C is the most appropriate service for the child. If not, DMA will recommend referral to the other program.

## REFERRALS DECISION - APPROVED

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If the referral is approved

- You will receive notification via fax
- The recipient will receive notification by mail
- You need to contact the family as soon as possible, but within two weeks, to coordinate the Medicaid application process, FL-2, and home visit for assessment, or to inform them of a wait list and their place on that list

NC DMA 10/2009

## REFERRALS DECISION – NOT APPROVED

If the referral is not approved

- You and the recipient will both receive notification by mail
- The recipient is instructed that if they disagree with the determination, they may have the assessment completed anyway, (payment based on local agency policy if the applicant is not Medicaid eligible). If the recipient wishes to do so, they contact DMA to make that request.

NC DMA 10/2009

The letter that you and the recipient receive will contain the reason for the denial as well as any recommendations that DMA has for other resources that may meet the family's needs. If you do not understand this information, please contact your DMA Nurse Consultant.

Encourage parents to avoid comparisons between their child and his/her CAP/C benefits and other children and their CAP/C benefits. Each child's case is examined individually, and great care is taken to try to balance the needs of the family with the needs of the program and to be fair to families throughout the state. Often two children or families who appear similar on the surface have enough difference in their needs to warrant different services, hours, etc.

The family has 60 calendar days to request the 'assessment anyway'. After that, they need to submit a new referral.

It is important for each Case Management agency to have a written policy regarding payment of 'assessment anyway' claims. When a referral is denied, and the assessment is done anyway, there are three possible outcomes:

1. The initial will be approved, and you will be able to bill the cost to Medicaid.
2. The initial will be denied, but the child already receives MAD, MAB, I-AS, or H-SF. You can bill the cost to Medicaid as an 'assessment only' claim. (Instructions for doing so can be found in the CAP/C Manual, section 9.5.4, or the Medicaid Billing Guide.)
3. The initial will be denied, and the child does not already receive MAD, MAB, I-AS, or H-SF. There is no way for you to bill Medicaid for this cost. You must defer to your agency policy regarding if and how recipients are billed for this cost.

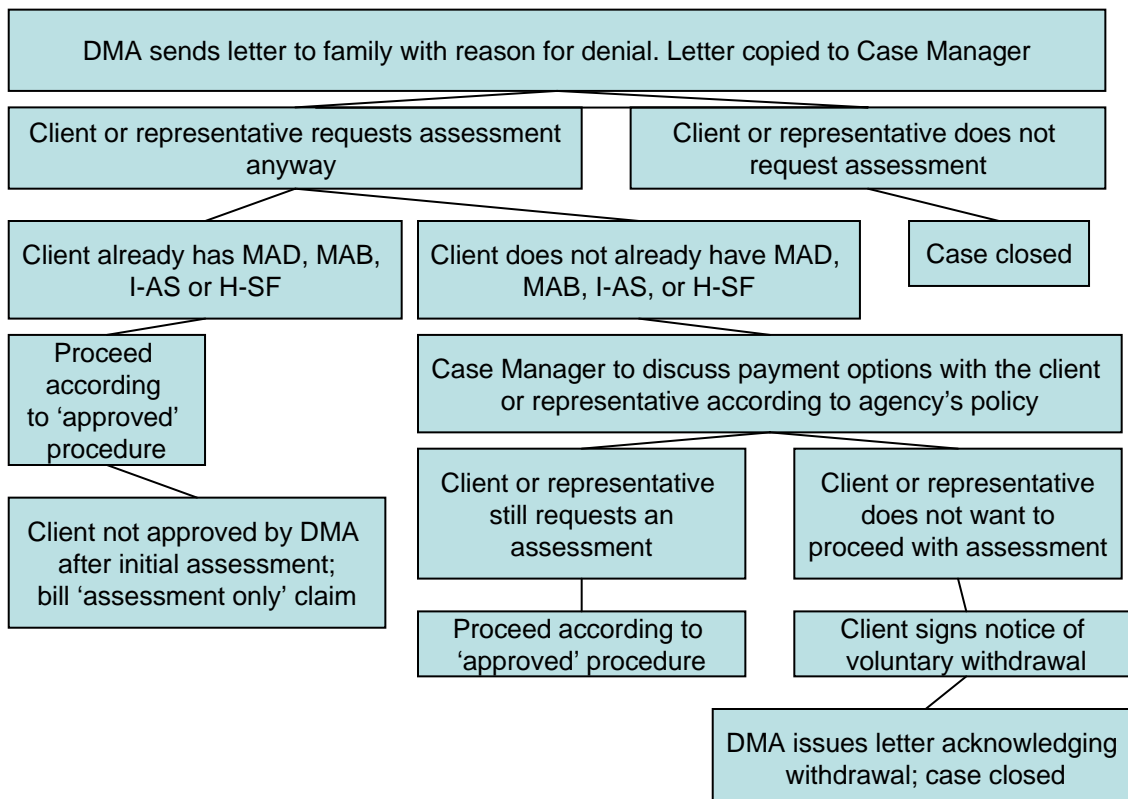
## REFERRALS DECISION – NOT APPROVED

If the referral is not approved, and the family requests an 'assessment anyway'

- You will receive notification via fax
- The recipient will receive confirmation by mail
- You should contact the family as soon as possible, but within two weeks. At that time, you must clearly communicate your agency's policy for payment of 'assessment anyway' claims
- If the recipient is agreeable to the agency policy, you may proceed with the Medicaid application, FL-2, and home visit

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Client NOT APPROVED for assessment by DMA after receiving CAP/C referral



## REFERRALS

### DECISION – MORE INFORMATION

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If more information is requested

- You have 15 business days from the date of request to get the information to DMA or to request more time to get the information.
- DMA then has 15 business days from receipt of the information to make a new decision. DMA then proceeds according to the process for approved referrals or not approved referrals.

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See section 14 of this training, Due Process, for additional information.

## REFERRALS

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The referral is a SCREENING tool.

- If the referral is approved, that does not mean that CAP/C services are approved.
- If the referral is denied, that does not mean that CAP/C services are denied.

A referral only approves/denies the collection of more information to determine if the child is eligible for CAP/C.

NC DMA 10/2009

Be sure to explain to the caregivers or referral source that the referral is only a screening. The referral decision is based on a very limited amount of information. A final decision can not be made until the complete assessment and plan of care have been reviewed. Once all the information is received and reviewed, an approved referral may still result in denial of CAP/C participation just as a non-approved referral may result in approval for CAP/C participation.

## WAIT LISTS

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DMA discourages the use of wait lists.

A wait list is necessary however, if the health, safety, and well-being of the recipients would be compromised due to lack of staff resources.

Remember that the entire initial assessment and plan of care must be received by DMA within 60 days of the FL-2 approval date. If you can not meet this timeline, place the recipient on the wait list.

NC DMA 10/2009

As a general guideline, a full-time caseload for a CAP/C Case Manager is approximately 22 children.

The initial assessment process and timelines will be described in sections 8, 9, and 10 of this training.

## WAIT LISTS MANAGEMENT

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If your agency must have a wait list:

- Notify DMA that you have started a wait list, and what plans you have to eliminate it
- By the 5<sup>th</sup> of every month, fax a copy of your wait list to your DMA Nurse Consultant

NC DMA 10/2009

Notify DMA that you are starting a wait list. If your agency has limited ability to resolve the wait list, DMA may be able to assist by finding a second case management agency in your county, or by securing temporary help from a neighboring county.

## WAIT LISTS POLICY

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Each case management agency should have a written policy regarding the management of wait lists. The policy should include, but is not limited to:

- At what point does your agency start a wait list?
- Is your wait list first-come-first-served, or do you triage the children according to need?
- Are existing CAP/C recipients that transfer into your agency served immediately or are they placed on the wait list?
- How do you communicate to recipients their status on the wait list?

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If your agency does not have a written policy, and you need help developing one, contact other counties or DMA for a sample policy.

DMA strongly recommends that the following children receive priority:

1. Children coming home from an institution
2. Children transferring to your agency from CAP/C in another county
3. Children transferring to CAP/C from other Medicaid programs.

## SUMMARY

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- When someone inquires about CAP/C, assess the needs, explain the CAP/C program as well as any other options, and if applicable, take the referral information and submit it to DMA.
- Make sure the referral form is complete and legible.
- Do not refuse to send in a referral.
- The referral is only a screening; it is not a final decision.
- DMA bases their referral decisions on the child's diagnosis, need for age-inappropriate continuous nurse/nurse aide care, need for case management, risk for institutionalization, and other available resources.
- If you must start a wait list, notify DMA, and then update DMA monthly regarding the status of that wait list until it is resolved.
- All case management agencies should have written policies regarding wait lists and 'assessment only' claims.

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## REVIEW QUESTIONS

Please make sure you can answer the following questions before proceeding to the next section.

1. True or False: Anyone can make a CAP/C referral for a child.
2. True or False: CAP/C Case Managers should only give out information regarding the CAP/C program. Referring children to alternate programs is not the responsibility of the CAP/C Case Manager.
3. True or False: You need authorization from DMA prior to doing an 'assessment anyway'.
4. Describe your agency's wait list policy.
5. Describe your agency's 'assessment only' policy.
6. List three things that are considered when DMA decides to approve or not approve a referral.

## REVIEW ANSWERS

1. True. Anyone can make a referral; however, the parents should always be aware of the referral, and ideally the referral should go through the case manager.
2. False. Case Managers should be aware of all community resources and be able to refer children and families to those resources that can either replace or supplement CAP/C.
3. True. You always need DMA authorization before doing an assessment for CAP/C participation.
4. Answer will vary among case management agencies.
5. Answer will vary among case management agencies.
6.
  - A. Is the primary diagnosis medical, as opposed to mental, developmental, behavioral, or cognitive?
  - B. Is there a need and request for nurse/nurse aide services?
  - C. Is the need for these services continuous?
  - D. Is there a need and request for case management services?
  - E. Is the child at risk for institutionalization?
  - F. Are the child's nursing/nurse aide needs age-appropriate?
  - G. What resources does the child currently have to meet his/her needs?
  - H. What other potential resources, formal or informal, are available to meet the child's needs?